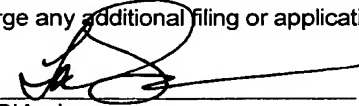


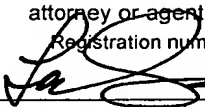


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| AMENDMENT TRANSMITTAL LETTER   |                                  |                                 |                             | Docket No.<br>R2180.0188/P188 |               |
|--|----------------------------------|---------------------------------|-----------------------------|-------------------------------|---------------|
| Application No.<br>10/763,255-Conf. #7512  |                                  | Filing Date<br>January 26, 2004 |                             | Examiner<br>Phung M. Chung    |               |
|  |                                  |                                 |                             | Art Unit<br>2138              |               |
| Applicant(s): Takamitsu Yamada et al.  |                                  |                                 |                             |                               |               |
| Invention: SEMICONDUCTOR INTEGRATED CIRCUIT AND SCAN TEST METHOD THEREFOR  |                                  |                                 |                             |                               |               |
| <b>TO THE COMMISSIONER FOR PATENTS</b>   |                                  |                                 |                             |                               |               |
| Transmitted herewith is an amendment in the above-identified application.  |                                  |                                 |                             |                               |               |
| The fee has been calculated and is transmitted as shown below.   |                                  |                                 |                             |                               |               |
| <b>CLAIMS AS AMENDED</b>   |                                  |                                 |                             |                               |               |
|  | Claims Remaining After Amendment | Highest Number Previously Paid  | Number Extra Claims Present | Rate                          |               |
| Total Claims   | 24                               | - 24 =                          |                             | x                             |               |
| Independent Claims   | 6                                | - 6 =                           |                             | x                             |               |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |                                  |                                 |                             |                               |               |
| Other fee (please specify): Petition for Extension of Time   |                                  |                                 |                             |                               | 120.00        |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |                                  |                                 |                             |                               | <b>120.00</b> |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity   |                                  |                                 |                             |                               |               |
| <input type="checkbox"/> No additional fee is required for this amendment.   |                                  |                                 |                             |                               |               |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____<br>A duplicate copy of this sheet is enclosed.  |                                  |                                 |                             |                               |               |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  |                                  |                                 |                             |                               |               |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                                  |                                 |                             |                               |               |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u><br>as described below. A duplicate copy of this sheet is enclosed.   |                                  |                                 |                             |                               |               |
| <input checked="" type="checkbox"/> Credit any overpayment.  |                                  |                                 |                             |                               |               |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |                                  |                                 |                             |                               |               |
| <br>Thomas J. D'Amico<br>Attorney/Agent Reg. No.: 28,371<br><br>DICKSTEIN SHAPIRO LLP<br>1825 Eye Street, NW<br>Washington, DC 20006-5403<br>(202) 420-2232 |                                  |                                 |                             | Dated: <u>July 14, 2006</u>   |               |



Under the Paperwork Reduction Project of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                                  |  |                         |
|---|----------------------------------|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                                  | <b>Docket Number (Optional)</b><br>R2180.0188/P188 |                         |
| <b>Application Number</b> 10/763,255-Conf. #7512  |                                  | <b>Filed</b> January 26, 2004                      |                         |
| <b>For</b> SEMICONDUCTOR INTEGRATED CIRCUIT AND SCAN TEST METHOD THEREFOR   |                                  |  |                         |
| <b>Art Unit</b> 2138  |                                  | <b>Examiner</b> Phung M. Chung                     |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |  |                         |
|   |                                  | <u>Fee</u>   | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))    | \$120  | \$ 120.00               |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$450  | \$                      |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1020   | \$                      |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1590   | \$                      |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2160   | \$                      |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |  |                         |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |  |                         |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                                  |  |                         |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                                  |  |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1073</u> . I have enclosed a duplicate copy of this sheet.                     |                                  |  |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |  |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |  |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>28,371</u>  |                                  |  |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |                                  |  |                         |
|    |                                  | <u>July 14, 2006</u>                               |                         |
| Signature   |                                  | Date   |                         |
| <u>Thomas J. D'Amico</u>  |                                  | <u>(202) 420-2232</u>                              |                         |
| Typed or printed name   |                                  | Telephone Number                                   |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                                  |  |                         |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                                  |  |                         |

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